

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission:

- ☒ Application
☐ Plan
☐ Funding Request
☐ Other

* Other (specify)

* 1.b. Frequency:

- ☒ Annual
☐ Quarterly
☐ Other

* Other (specify)

* 1.d. Version:

- ☒ Initial ☐ Resubmission ☐ Revision ☐ Update

* 2. Date Received:

Completed by Grants.gov upon submission.

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?

Yes ☐ No ☒

7. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. Organizational DUNS:

d. Address:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

* Zip / Postal Code:

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this submission:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

Fax Number:

* Email:

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*** 8a. TYPE OF APPLICANT:**

* Other (specify):

b. Additional Description:

*** 9. Name of Federal Agency:****10. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

<input type="text"/>	<input type="text"/>
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11. Areas Affected by Funding:

<input type="text"/>	<input type="text"/>
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12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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13. FUNDING PERIOD:

a. Start Date:

b. End Date:

14. ESTIMATED FUNDING:

* a. Federal (\$):

b. Match (\$):

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on:

b. Program is subject to E.O. 12372 but has not been selected by State for review.

c. Program is not covered by E.O. 12372.

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*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes ☐ No ☐

Explanation

17. By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**** I Agree** ☐

** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

APPLICATION FOR FEDERAL ASSISTANCE SF-424- MANDATORY

*Consolidate Application/Plan/Funding Request Explanation

APPLICATION FOR FEDERAL ASSISTANCE SF-424- MANDATORY

*Applicant Federal Debt Delinquent Explanation